

Fee: \$20.00 per Boxing Official Category

**KENTUCKY BOXING AND WRESTLING AUTHORITY
APPLICATION FOR LICENSE
AS A BOXING OFFICIAL**

I hereby make application for a license to officiate at boxing / elimination matches as:

BOXING: Judge_____ Trainer_____ Manager_____ Referee_____ Timekeeper_____ Second_____

In accordance with Kentucky law, applicants for license as a boxing official are required to be licensed annually by the Kentucky Boxing and Wrestling Authority. The license fee for each boxing official is \$20.00 and must be in the form of a check or money order, made payable to the *Kentucky State Treasurer*. No cash payments are accepted.

(Please Print in Ink) This form must be completed entirely. DATE: _____

Name _____ Social Security # _____ - _____ - _____

Address _____ City _____

State _____ Zip _____ Telephone (Home) _____

Work _____ Cell _____ Emergency _____

Fax _____ E-mail _____

Date Birth _____ Height _____ ft. _____ Weight _____ lbs.

Occupation: _____ Employer: _____

City _____ State _____ Zip _____

PLEASE COMPLETE ALL INFORMATION ON BOTH SIDES OF THIS APPLICATION. INCOMPLETE FORMS ARE SUBJECT TO REJECTION AND WILL CAUSE A DELAY IN ISSUANCE OF THE LICENSE.

(OVER)

Describe your experience that would support your being granted a license to officiate.

(Continue on a separate sheet if needed): _____

Have you ever held a license to be a Boxing Official for boxing/elimination matches in Kentucky?

___ Yes ___ No License # _____

Have you ever been licensed to be a Boxing Official in another state(s)?

___ Yes ___ No License # _____ If yes, in what state(s) _____

Have you ever been convicted of a felony? ___ Yes ___ No If yes, please provide details.

You may use another sheet of paper if necessary.

Date _____ Offense _____ Court _____ Disposition _____

APPLICANT MUST READ THE FOLLOWING VERY CAREFULLY:

I hereby certify that under penalty of perjury, all of the information submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties. I acknowledge that I understand and will comply with the Kentucky Boxing and Wrestling Authority laws and regulations to which I am applying for licensure.

Signature of Applicant

Date

PLEASE MAIL COMPLETED APPLICATION TO THE FOLLOWING ADDRESS:

**Department of Public Protection
Kentucky Boxing and Wrestling Authority
100 Airport Road, Suite 300
Frankfort, Kentucky 40601**

DRESS CODE FOR BOXING OFFICIALS

- **Officials should wear dress shoes except for referees.**
- **No tennis shoes will be allowed.**
- **White or blue dress shirts are to be worn and ties should be only solid colors.**
- **No official shall bring a guest to an event unless pre-approved by the KBWA employee working the event.**
- **No boxing official shall offer or allow anyone to sit at ringside unless approved by the KBWA employee working the event.**

Are you willing to work out of town? _____Yes _____No

What days are suitable for you to work? _____

What days are not suitable for you to work? _____

Signature

Date _____